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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/17/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Discogram C4/5 C5/6 with post CT

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopedic spine surgery, practicing neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 09/04/12
Utilization review determination dated 07/25/12
Utilization review determination dated 08/14/12
MRI cervical spine 03/12/12
MRI thoracic spine 03/12/12
Clinic note 06/08/12
Clinical records 06/15/12-08/09/12
EMG/NCV 06/21/12
MRI right shoulder 06/21/12
CT myelogram cervical spine 07/06/12
Designated doctor's evaluation 07/26/12
DWC form 69 dated 07/26/12
Clinic note 08/27/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have date of injury of xx/xx/xx.

The record includes MRI of cervical spine performed for neck pain and right shoulder pain on 03/12/12. This study notes a 2 to 2.5 mm posterior disc protrusion at C4-5 with mild thecal sac effacement but no cord contact. The central canal and neural foramina are patent throughout cervical spine. MRI of thoracic spine was performed on this same date and noted to be normal. MRI of thoracic spine was performed on this same date and noted to be

normal.

On 06/08/12 the claimant was seen. At this time the claimant's current medications include Neurontin 600 mg, Naproxen 500 mg, Tizanidine 4 mg, Ultracet 50 mg, and Norco 10/325. She reported pain in right shoulder and right posterior neck graded as 5/10. She is reported to have had adverse reaction after cervical epidural steroid injection and was recommended to be seen by neurosurgery.

On 06/15/12, the claimant was seen. It is reported she developed neck pain radiating into right shoulder and upper extremity as result of moving patient on 02/06/12. She reported weakness with numbness and tingling in her hand. Previous treatment included cervical epidural steroid injection, traction, and physical therapy. On physical examination she is noted to be 66 inches tall and weighs 197 lbs. She is well developed and well nourished. Motor strength is 5 in upper extremities. Deep tendon reflexes were normal. Sensory was intact in upper and lower extremities. There is tenderness to palpation and limitations in range of motion of right shoulder. She subsequently was diagnosed with shoulder impingement syndrome and radiculopathy. She was continued on oral medications, recommended to undergo cervical myelogram, MRI of right shoulder and EMG/NCV of right upper extremity. MRI of cervical spine was performed on 06/15/12. This study is of poor quality and suggests abnormalities of C4-5 disc. EMG/NCV was performed on 06/21/12. Physical examination at this time was normal. There is reported evidence of mild right C6 radiculopathy.

MRI of right shoulder was performed on 06/21/12. This study notes intact rotator cuff complex with mild hypertrophy of AC joint causing minimal impingement upon the underlying supraspinatus muscle / tendon.

The claimant was seen in follow-up on 07/05/12. It was noted EMG was positive at C5-6. She is reported to have been unable to return to work as there is company policy regarding pain medication use in work place. She reported increasing levels of pain with increased shoulder use. She was provided oral medications Zanaflex and to be referred for shoulder evaluation.

A CT myelogram was performed on 07/13/12. It is noted the nerve roots are well seen at C4-5 bilaterally. There is no compression of the thecal sac. C5-6 shows no evidence of disc bulge. C6-7 has good distribution of contrast. The facets are normal. This study was felt to be normal with minimal bulge at C3-4 level.

On 07/26/12 the claimant was seen a designated doctor. It is noted the claimant has complaints of pain in the neck with radiation into right upper extremity. It is noted she is well developed and well nourished. She had complaints of neck pain with radiation into right upper extremity claimant was noted to have cervical tenderness, foraminal compression test was negative bilaterally. Sensation is intact orthopedic testing is normal strength testing is graded as 5/5 sensation was reported to be decreased in the right median, medial, and right ulnar nerves. The claimant was opined to be not at maximum medical improvement. The claimant was seen in follow up on 08/09/12 she's reported to have continued severe pain and not benefiting from oral medications or treatment on physical examination she's reported to have some weakness in the biceps and triceps on the right sensory examination is normal deep tendon reflexes are reported to be hypoactive the claimant was subsequently recommended to undergo cervical discography at C4-5 and C5-6

The initial review was performed on 07/25/12. non-certified the request noting that the requested procedure is not recommended per Official Disability Guidelines. He reports if it is to be performed anyways there must be satisfactory results from a psychosocial assessment that endorses the requested procedure for the patient. He further notes that there is no specific indication for the requested procedure as part of a treatment plan that involves surgical intervention. He notes that there is no discussion of an MRI demonstrating one or more degenerated discs. He reports that there is no discussion of MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for internal

control injection.

The appeal request was reviewed on 08/14/12. non-certified the request noting that cervical discography is not supported by Official Disability Guidelines. He finds that the claimant has a history of chronic cervical pain with radiculopathy. EMG/NCV is isolated the C6 nerve root. He notes that there's been no referral for a pre-procedure psychiatric evaluation to address the potentially confounding issues, which could skew the data from this very controversial study. Further he notes that the records suggest that the results will be used as an isolated indication for the performance of a fusion procedure, which is not supported by Official Disability Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for cervical discogram at C4-5 and C5-6 with post-discogram CT is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant has a history of chronic neck pain with radiation to the right upper extremity. She's undergone exhaustive diagnostic evaluations, which suggest that the claimant's primary generator's at the C5-6 level. It would be noted that Official Disability Guidelines does not support the performance of either cervical or lumbar discography. The data obtained during the performance of discography has been shown in numerous studies to be suspect and the validity of the information gained should never be used as an isolated indication for the performance of surgery. The submitted clinical records do not contain a pre-procedure psychological evaluation which clears the claimant for performance of this procedure therefore based upon the submitted clinical information the claimant does not meet Official Disability Guidelines criteria for the performance of this procedure. The record provides no supporting data extenuating circumstances to recommend the performance of this study.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES